

Vapor Monitoring 90-Day Summary

Submit to: **Kansas Department of Health and Environment
Bureau of Environmental Remediation -
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka KS 66612-1367**

FOR KDHE USE ONLY:

Monthly Monitoring	_____ yes _____ no
Site map	_____ yes _____ no
Inventory Control	_____ yes _____ no
Leak Check	_____ yes _____ no
Water Check	_____ yes _____ no

Date _____

Signed

Please make copies of this completed form for your records.

I. Facility Information

A. Facility Name: _____

B. Facility Address: _____

C. Contact Person: _____ Phone: (____) ____ - ____

II. Owner Information

A. Owner Name: _____

B. Owner Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____ Phone: (____) ____ - ____

III. Substances Stored (check each): " diesel " kerosene " gasoline (including alcohol) " used oil " other
If other, list contents of tank _____

IV. Tank Vapor Monitoring Information.

A. If some one else does your Vapor Monitoring:

Company _____

Address: _____
(street) (city) (state) (zip)

B. If you do your own Vapor Monitoring:

Model/Manufacturer of Vapor Monitor: _____

V. Line Release Detection (check the one item that applies to the product line from Tank no. _____).

A. Safe Suction product Lines_____ (no line release detection required).

B. Vapor Monitoring for product lines_____ (monthly).

C. Tightness testing for product lines _____ (annual if pressurized, 3 years if conventional suction).

D. Other form of line release detection . Please describe

VI. Inventory Control. Please send copies of your Inventory Control Records for 30 days to KDHE after the first month of operation.

VII. KDHE tank/line nos.

	Well no.____	Well no.____	Well no.____	Well no.____	Well no.____	Well no.____	Well no.____
Month: Yr:							
Month: Yr:							
Month: Yr:							

(1) Send copies of your Inventory Control Records for 30 days to KDHE after the first month of operation.

(2) Send 90-Day Summary Sheets to KDHE after the first 90 days of operation.

Note: please complete **Section VIII. Sketch Map of Facility** and, if needed, **Section IX** on next page.

VIII. Sketch Map of Facility. Show locations of monitoring wells relative to product lines and underground storage tanks.

1/4

North

IX. Please contact KDHE within 24 hours if your tank system has failed. Please direct questions regarding tank tests to
KDHE, Storage Tank Section, 785-296-8061.